

Name in Full		WILL ANISTER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Monkrose		Montgomery		MARYLAND	
	Date of death	1908	Month	Aug	Day	3	Age
					Years		Months
							Days
	Sex	Male		Color or Race	Black		Birth-place
	Occupation	none		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Will Anister				Father's Birthplace	Wash DC
	Mother's Maiden Name	Orlena Fletcher				Mother's Birthplace	Va
	Name of person giving information	Arthur Fletcher				How related to deceased	Grandfather
	<div>CAUSES OF DEATH</div> <div>105</div>						
PHYSICIAN OR CORONER	Primary	Enterocolitis				How long	2 mos
	Immediate	Exhaustion				How long	2 wks
	Are the name, age, sex, color, date and place correctly given above?	yes				Signature of Physician	C. H. Manner H. C.
	Had no medical attention?	No				Address	Rockville
	Accident or Suicide?	No					



Name
in
Full

Estate Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

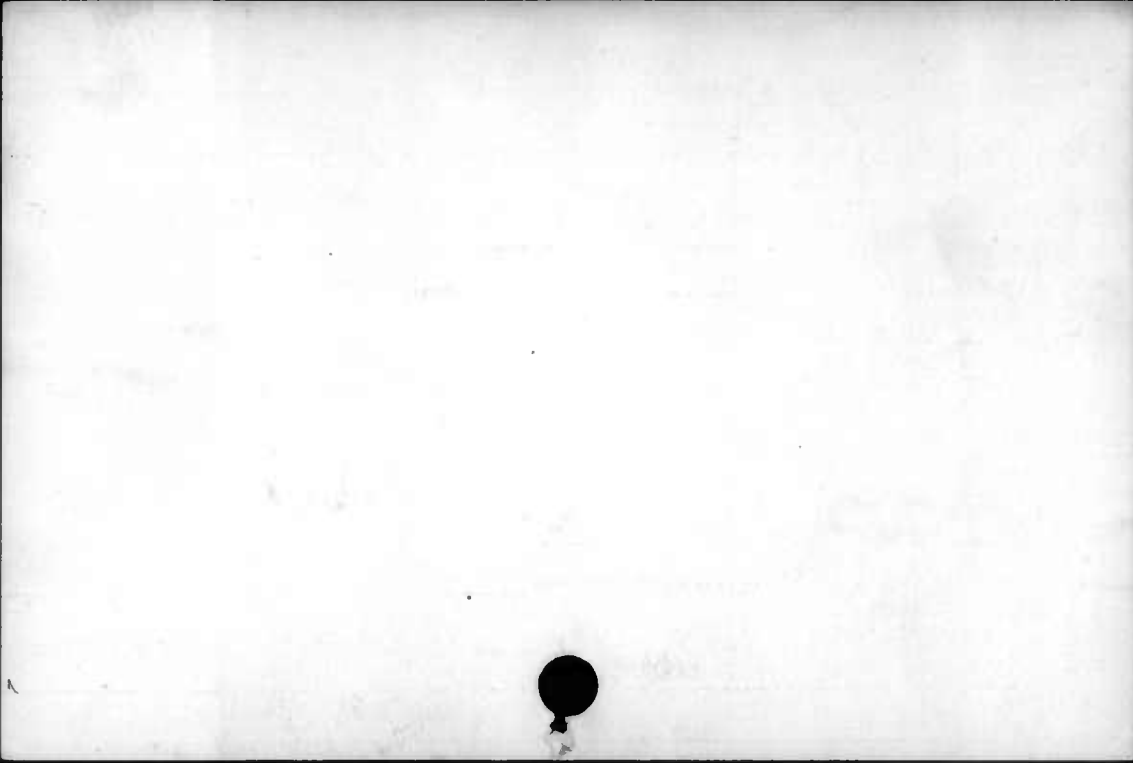
Died at <i>Hunting Hill</i>		County <i>Montgomery</i>		MARYLAND	
Date of death	1908	Month	8	Day	31
Age	X	Years	X	Months	2
Sex	<i>Female</i>	Color or Race	<i>Caucasian</i>	Birth-place	<i>Indy</i>
Occupation	X	Where Residing if not at place of death		X	
Married, Single or Widowed	X	Name of Wife or Husband		X	
Father's Name	<i>Ralph Brown</i>			Father's Birthplace	<i>Indy.</i>
Mother's Maiden Name	<i>Charlotte Scott</i>			Mother's Birthplace	<i>Indy</i>
Name of person giving information	<i>Ralph Brown</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Cholera Infantum</i>	How long	<i>2 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
X <i>Yes</i>		<i>O. M. L. Therman</i>	
X		Address	
X		<i>Roadville Ind</i>	
Accident or Suicide?		X	



Name
in
Full

Miss Sarah Maddox Cartwright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Takoma Park -</i>		County <i>Montgomery</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>16th</i>	Years <i>54</i>	Months <i>five -</i>	Days <i>five -</i>
Sex <i>Female -</i>	Color or Race <i>white</i>		Birth-place <i>near Charlotte Hall</i>		
Occupation <i>Clerk - (Gov)</i>		Where Residing if not at place of death <i>Washington D.C.</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm J Cartwright (deceased)</i>		Father's Birthplace <i>Near Charlotte Hall</i>			
Mother's Maiden Name <i>Martha Maddox</i>		Mother's Birthplace <i>Chaptico -</i>			
Name of person giving information <i>Miss Nellie Cartwright</i>		How related to deceased <i>sister</i>			

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>	How long <i>6 yrs</i>
Immediate <i>Diabetic Coma -</i>	How long <i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lauritta Kress</i>
<i>To the best knowledge -</i>	Address <i>Takoma Park -</i>
Accident or Suicide? <i>(over)</i>	<i>Washington D.C.</i>

Forwarded by

L. M. Moores,

Registrar Takoma Park Md,

Name
in
Full

Inita Eulalie Chilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

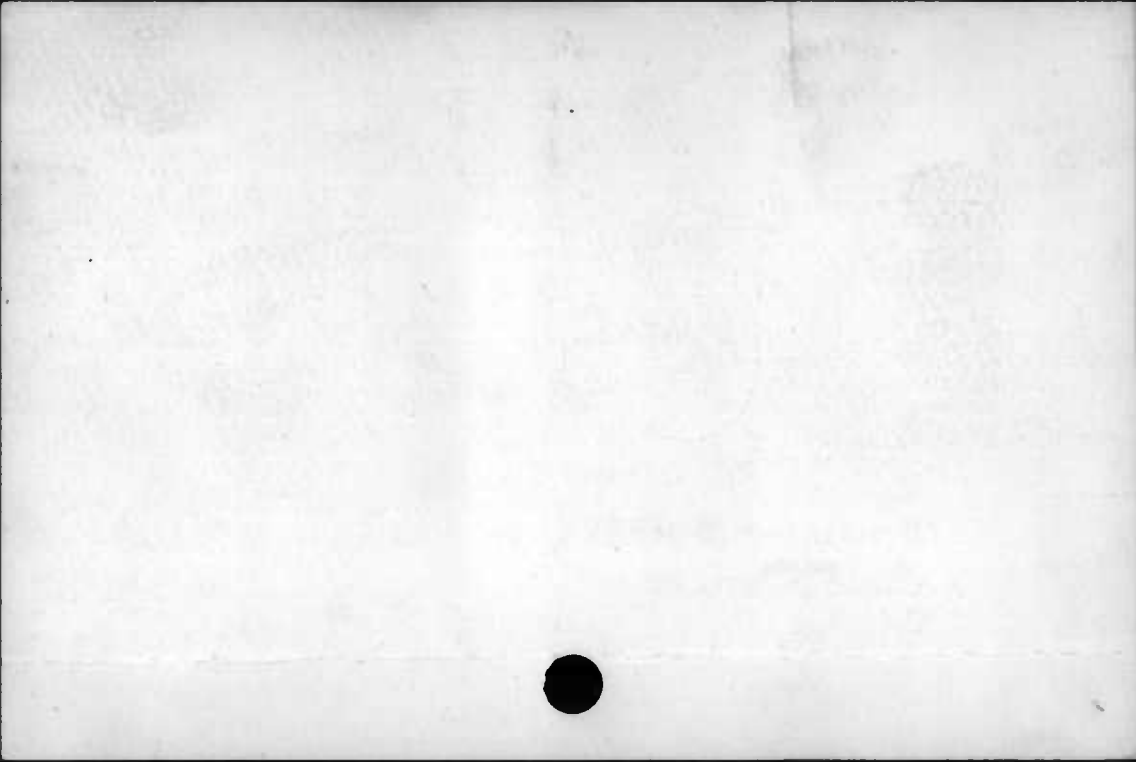
Died at <i>Takoma Park -</i>		<i>Montgomery</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>August</i>	Day <i>19th</i>	Years <i>One</i>	Months <i>Eleven</i>	Days <i>29 -</i>
Sex <i>Female</i>		Color or Race <i>white -</i>		Birth-place <i>Takoma Park -</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Howard C. Chilson</i>			Father's Birthplace <i>Ohio</i>		
Mother's Maiden Name <i>Inita Stephens</i>			Mother's Birthplace <i>Georgia -</i>		
Name of person giving information <i>Howard C Chilson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OF CORONER

Primary <i>Cholera Infantum</i>	How long <i>12 days -</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Pauline Kress -</i>
<i>As far as I know -</i>	Address <i>Takoma Park -</i>
Accident or Suicide?	<i>Washington DC</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Washington</u> ^{Town} <u>Montg.</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>8</u> ^{Day} <u>16</u> ^{Age} <u>7</u> ^{Years}	Months <u>7</u>		Days <u>1</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>	
Occupation <u> </u>	Where Residing if not at place of death <u> </u>		
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>		
Father's Name <u>John E Daymude</u>	Father's Birthplace <u>Ind.</u>		
Mother's Name <u>Sarah Nicholls</u>	Mother's Birthplace <u>"</u>		
Name of person giving information <u>J E Daymude</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <u>Enterocolitis</u>	How long <u>3 Weeks</u>
Immediate <u>Exhaustion</u>	How long <u>3 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>E. C. Etchison</u>
	Address <u>Southsburg Ind.</u>
Accident or Suicide? <u> </u>	



Name
in
Full

William M. Grimes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Takoma Park* *Montgomery* County *MD* MARYLAND

Date of death *190* *going 3* Month *3* Day *3* Age *53* Years Months Days

Sex *Male* Color or Race *White* *D.C.*

Occupation *Driver* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife *Nora A. Grimes*

Father's Name *Robert Grimes* Father's Birthplace *Georgia*

Mother's Maiden Name *Sarah V. Mitchell* Mother's Birthplace *Baldwin*

Name of person giving information *Robert Grimes* How related to deceased *Son*

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary *Chronic nephritis* How long *one year*

Immediate *uræmia* How long *two weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *J. Lee Adams*

Address *Takoma Md.*

Accident or Suicide? *(over)*

Moved into Park from Washington about
first of year 1908. Had lived in Georgetown
near Canal and had suffered with "Ma-
laria" for years.

L. M. Mooers.

Registrar for Takoma Park Md.

Aug. 6 '08,

Name
in
Full

David Lewis Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

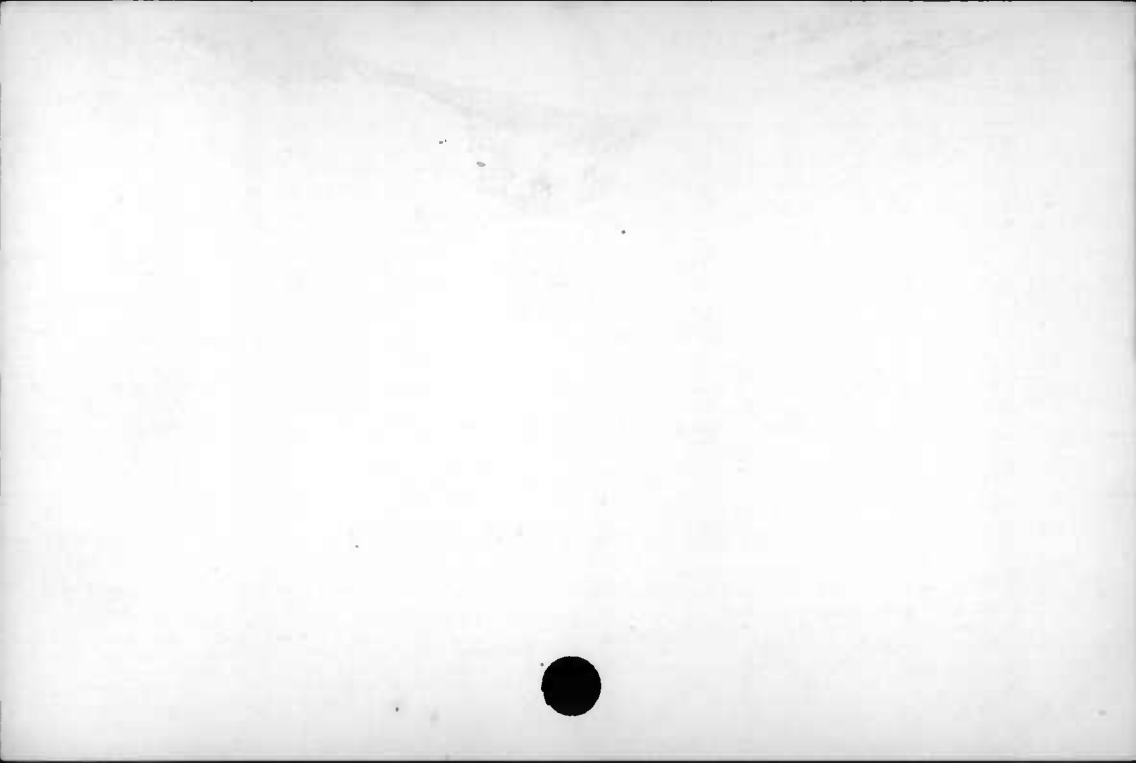
Died at Cabin John		County Montgomery		MARYLAND	
Date of death	190	Month AUG 26	Day 1908	Age 57	Years Months Days
Sex Male	Color or Race White		Birth- place Pa.		
Occupation Lock Tender (Canal)	Where Residing if not at place of death				
Married, Single or Widowed Married	Name of Wife or Husband Carolina V. Hall (Divorced)				
Father's Name David Lewis Hall	Father's Birthplace Pa.				
Mother's Maiden Name Mary Ellen Hall	Mother's Birthplace Unknown.				
Name of person giving Information Virginia Hall	How related to deceased Daughter				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long Unknown.
Immediate Exhaustion	How long X
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician H. J. Pratt
	Address Potomac Md.
Accident or Suicide? X	



Name
in
Full

Alcinda

Hammond

CERTIFICATE OF DEATH

Died at *Laytonsville* Town*Montg* County

MARYLAND

Date of death *1908* Month *Aug.*Day *26th*Age *48* Years

Months

Days

Sex *Female*Color or Race *Colored*

Birth-place

*Washington*Occupation *Housewife*

Where Residing if not at place of death

Married, Single or Widowed *Married*Name of Wife or Husband *Wm Hammond*Father's Name *Edward Crew*Father's Birthplace *Montgomery Co*Mother's Maiden Name *Alcinda Frazier*Mother's Birthplace *Montgomery Co*Name of person giving information *William Hammond*How related to deceased *Husband*

CAUSES OF DEATH

51

Primary *Ex ophthalmia*How long *2 yrs*Immediate *Heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

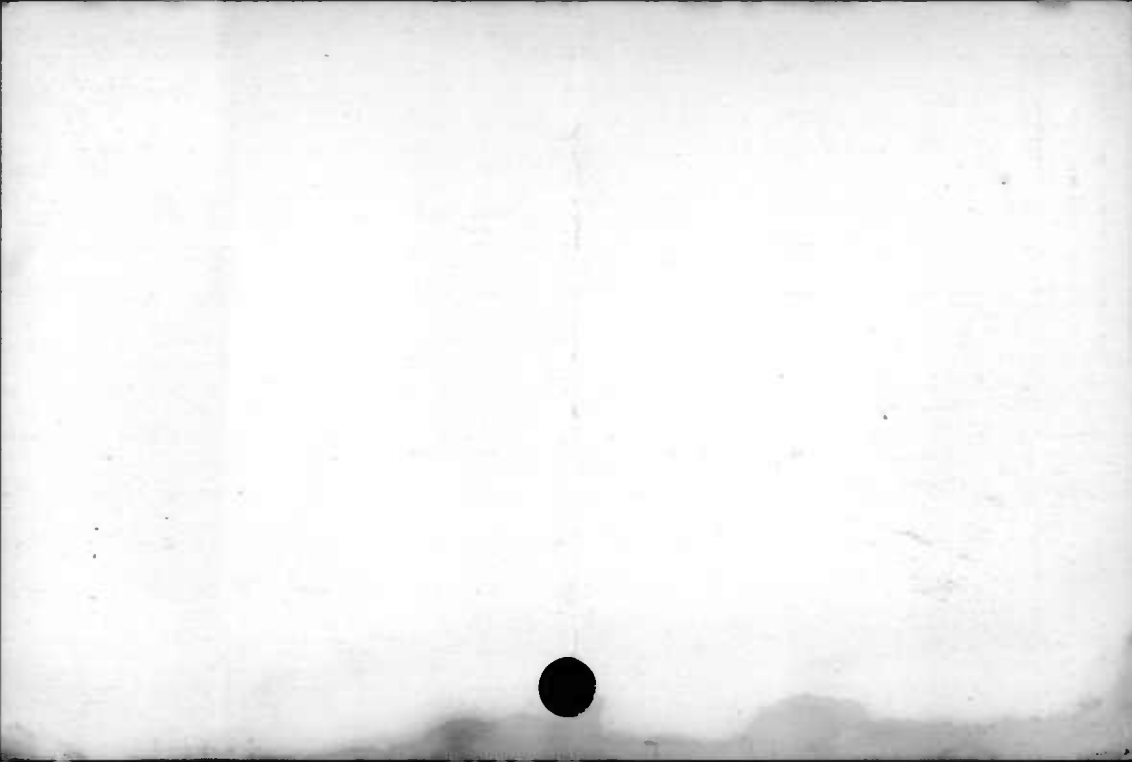
H. B. Haddock

Address

Wichersburg, Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

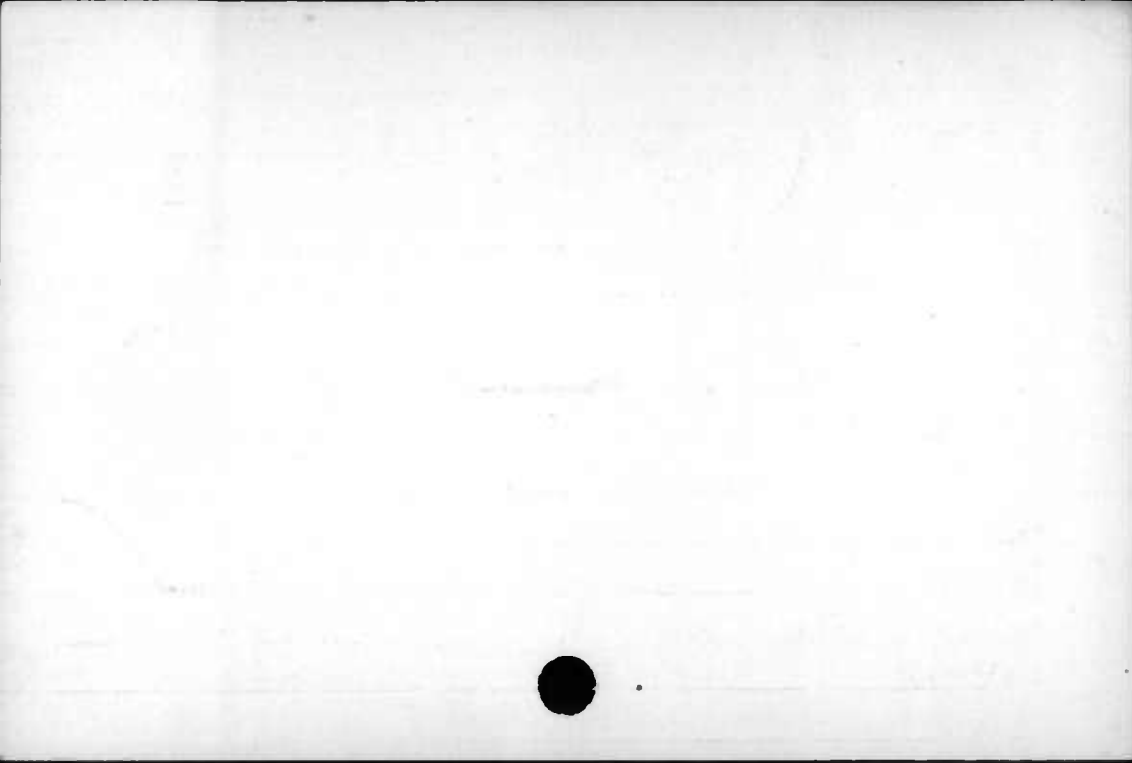
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1908		8	26	Age 49			
Sex	Female		Color or Race	White		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		X		
Married, Single or Widowed	Married		Name of Wife or Husband		Augustus Herman		
Father's Name	John Best		Father's Birthplace		Maryland		
Mother's Maiden Name	Rachel Muse		Mother's Birthplace		Maryland		
Name of person giving information	Augustus Herman		How related to deceased		Hubband		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Chronic Nephritis	How long	Two years
Immediate	Exhaustion	How long	One week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Edward Anderson M.D.
		Address	Rockville, Md.
Accident or Suicide?	No		



Name
In
Full

Mary Jane Higgins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

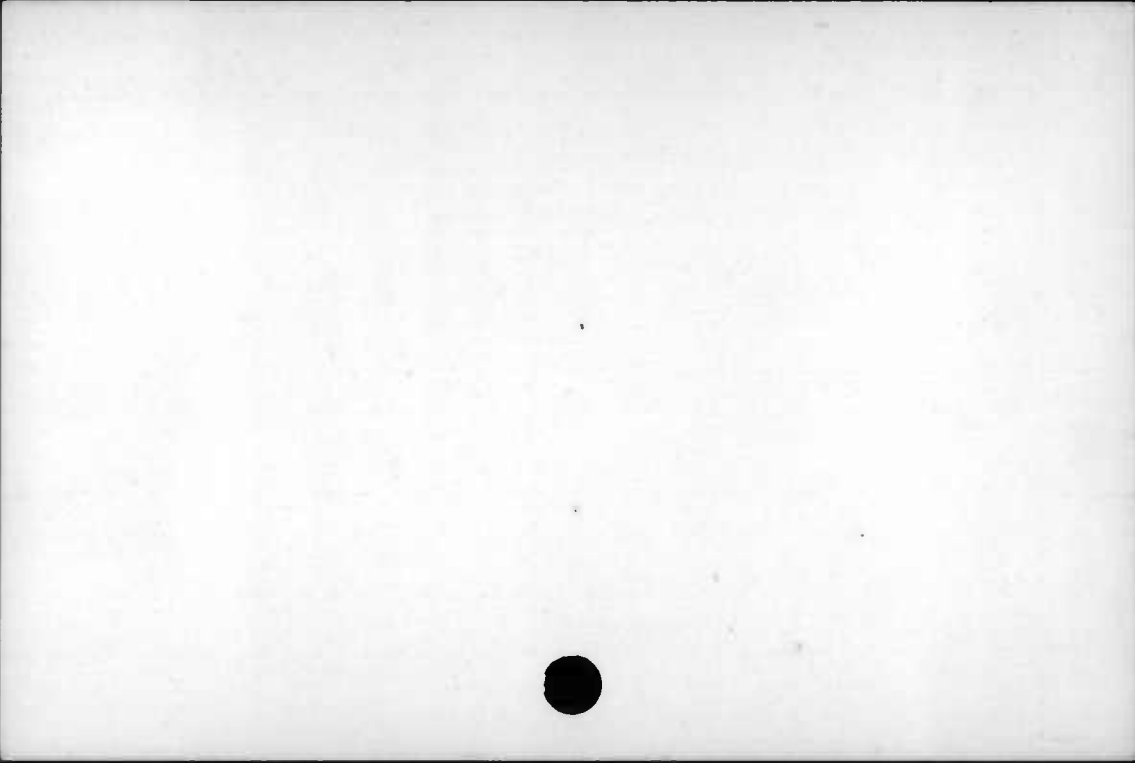
Died at		Town Laytonville		County Montgomery		MARYLAND	
Date of death		1908	Month Aug	Day 30	Age 23	Years	Months Days
Sex Female		Color or Race white		Birth- place Howard Co			
Occupation none				Where Residing if not at place of death			
Married, Single or Widowed		widowed		Name of Wife or Husband James B Higgins; deceased			
Father's Name		John Crawford		Father's Birthplace Howard Co			
Mother's Maiden Name		Maudy Thompson		Mother's Birthplace Montgomery Co			
Name of person giving In formation		Joseph C Higgins		How related to deceased son			

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary	Chronic Encephalitis	How long	several years
Immediate	Passive Pulmonary Hypertension	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. H. Dyson M.D.	
Address		Laytonville	
Accident or Suicide?		—	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

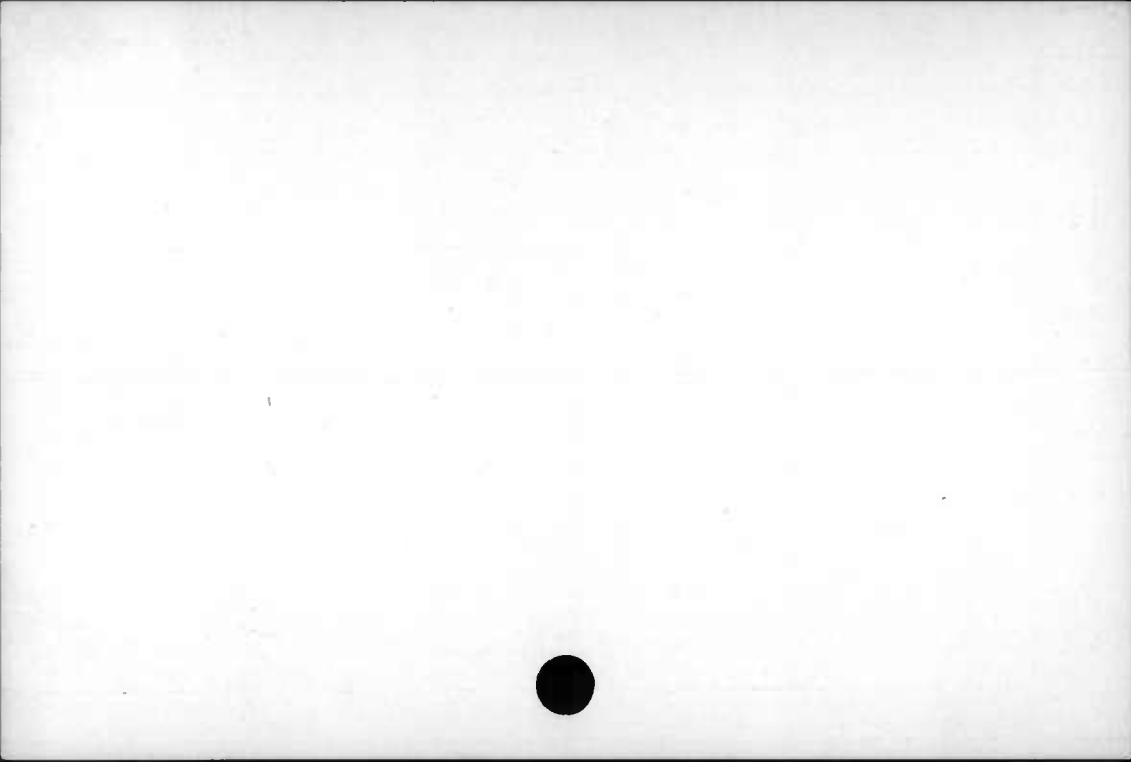
MARYLAND

Died at *Rockville* ^{Town} *Mont* ^{County}Date of death *1908* ^{Month} *Aug* ^{Day} *6* ^{Years} *78* ^{Months} *11* ^{Days} *20*Sex *M* Color or Race *W* Birth-place *Canada*Occupation *Farmer* Where Residing if not at place of death *—*~~Married, Single or Widowed~~ Name of Wife or Husband *Brother did not remember*Father's Name *John Horner* Father's Birthplace *Canada*Mother's Maiden Name *Anne Hershey* Mother's Birthplace *N.Y.*Name of person giving information *Frank Horner* How related to deceased *Brother*

CAUSES OF DEATH

104

Primary *Acute Indigestion* How long *30 minutes*Immediate *Cardiac Asthenia* How long *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *C. H. Manner M.D.*Address *Rockville—*Accident or Suicide? *No*



Name
in
Full

William King

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

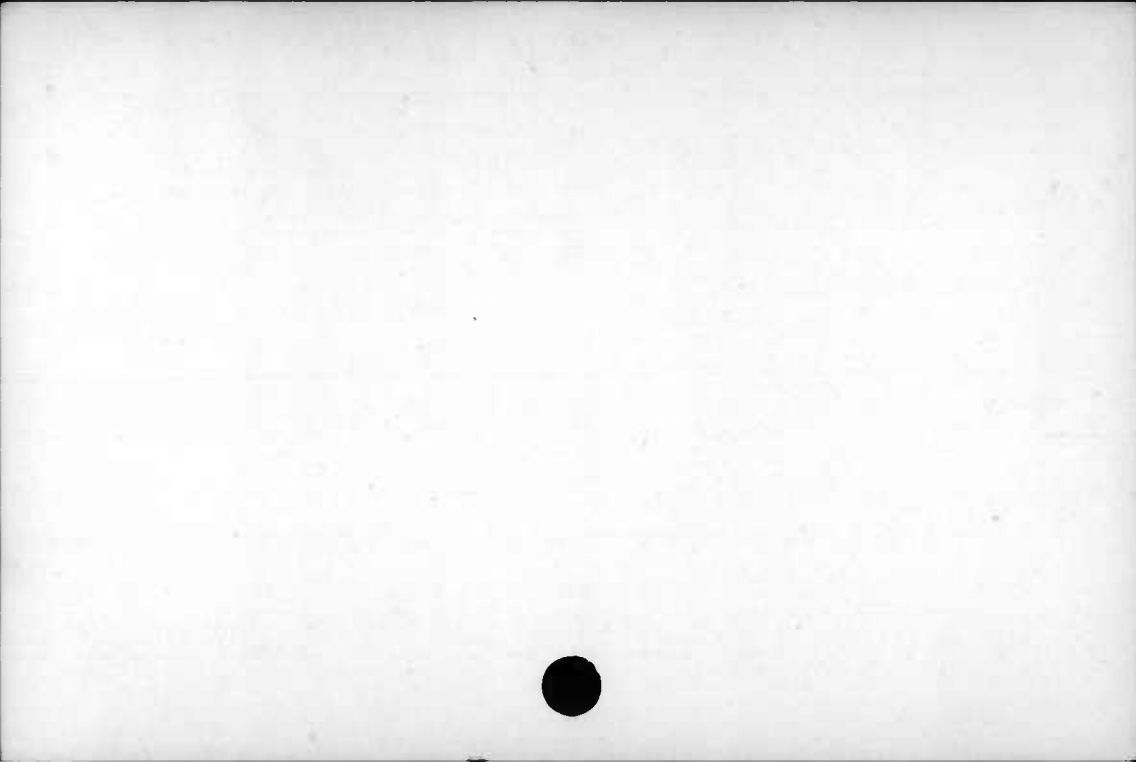
Died at <u>Raytownville</u> <small>Town</small>		<u>Montgomery</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month	<u>August</u>	Day	<u>17</u>
Age		<u>87</u>		Years	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>		
Occupation	<u>None</u>		Birth-place	<u>Montgomery Co</u>	
Where Residing if not at place of death		<u>—</u>			
Married, Single or Widowed	<u>widowed</u>		Name of Wife or Husband	<u>Alice Bowman, died about 8 yrs ago</u>	
Father's Name	<u>George King</u>		Father's Birthplace	<u>Montgomery Co</u>	
Mother's Maiden Name	<u>Harriet Coolan</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>Henry C King</u>		How related to deceased	<u>Brother</u>	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long	<u>Several years</u>
Immediate	<u>Uræmia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>W H Dyson M.D.</u>
		Address	<u>Raytownville</u>
Accident or Suicide?		<u>no</u>	



Name
in
Full

Bertie Lacey

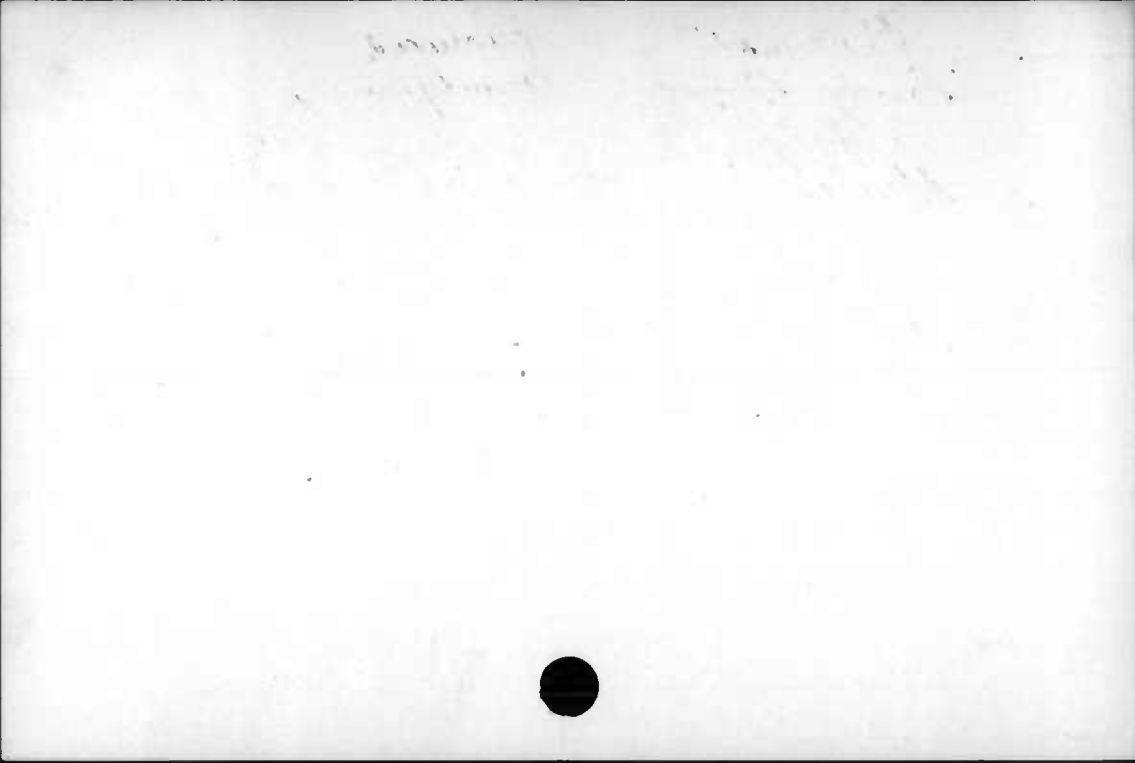
CERTIFICATE OF DEATH

Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	1908	Month	Aug.	Day	4
Age		30		Years	
Sex		Female		Color or Race	Colored
Occupation		Nurse		Birth-place	Washington, D.C.
Married, Single or Widowed		Single		Name of Wife or Husband	
Father's Name		John Lacey		Father's Birthplace	
Mother's Maiden Name		Virginia Thomas		Mother's Birthplace	
Name of person giving information		Jas. Marshall Thomas		How related to deceased	
				Nephew	

CAUSES OF DEATH

130

PHYSICIAN OR CORONER	Primary	<i>Uterine Operation (said)</i>	How long	<i>About 3 months</i>
	Immediate	<i>Peritoneal Abscess</i>	How long	<i>Not known</i>
	Are the name, age, sex, color, date and place correctly given above?		Yes	
	as far as known		Signature of Physician	
	Address		<i>Chas. Farguhar.</i>	
Accident or Suicide?		<i>Ches.</i>		
		<i>Md.</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Twpn Kensington County Montgomery

MARYLAND

Date

of death 1908 Aug 22 Aug 84 6 20

Sex

FemaleColor or
RaceWhiteBirth-
placemd

Occupation

noneWhere Residing if not
at place of deathsameMarried, Single
or WidowedSingleName of Wife or
Husband—Father's
NameJohn S. MammacherFather's
BirthplacemdMother's
Maiden NameElizabeth BruceMother's
BirthplacemdName of person giving
informationW. MammacherHow related
to deceasedmd

CAUSES OF DEATH

48

Primary

Chronic Rheumatism

How long

10 years

Immediate

Organic disease of heart

How long

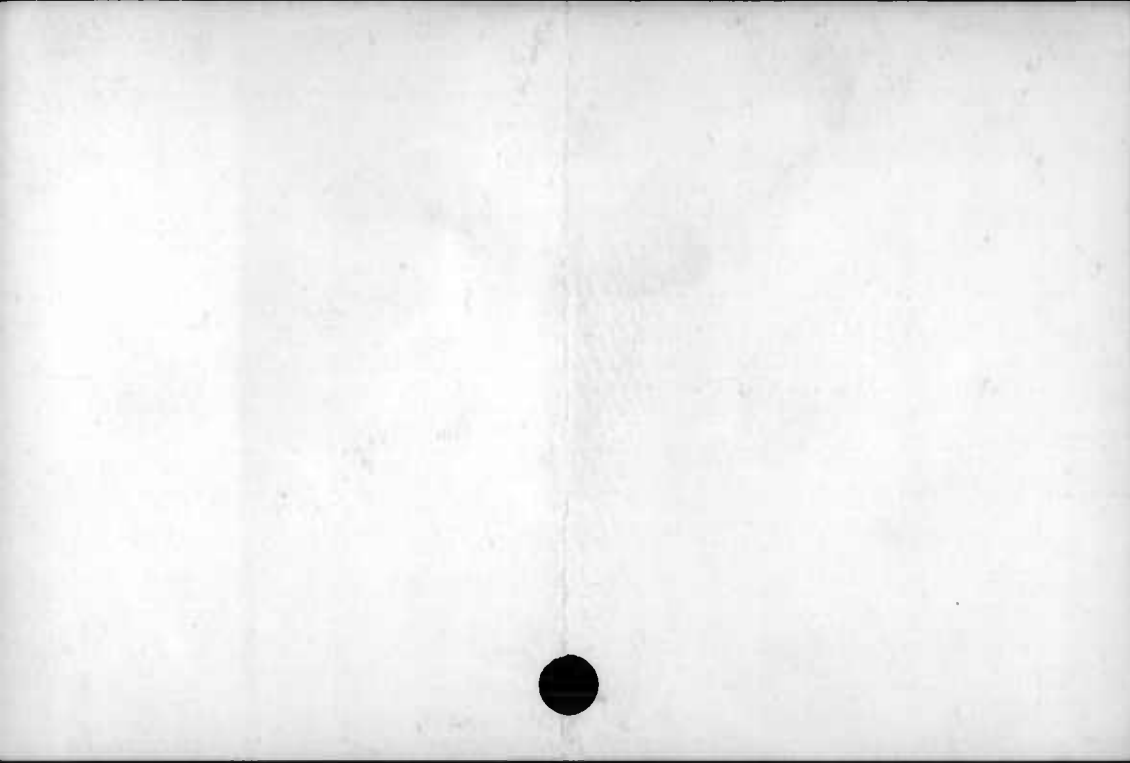
3 yearsAre the name, age, sex, color, date
and place correctly given above?YesSignature of
Physician

Address

George Jones
Kensington

Accident or Suicide?

no



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

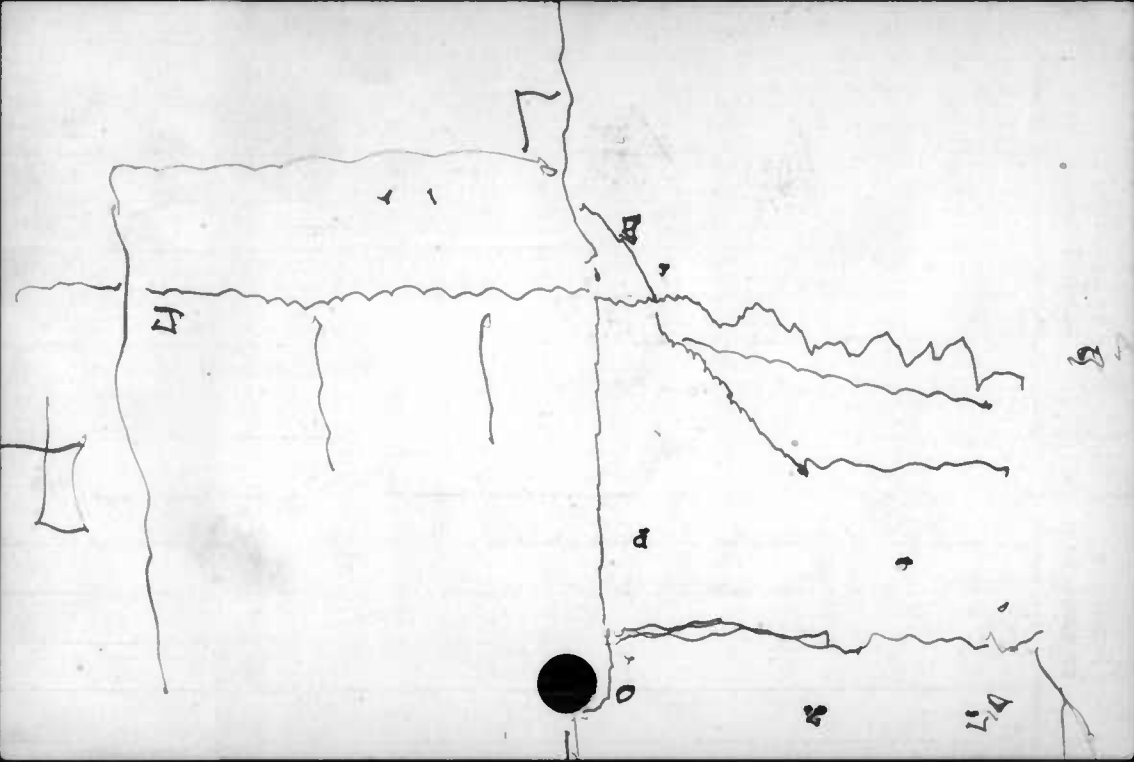
Died at <u>Rockville</u> ^{Town}		<u>Washington</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month}	<u>27</u> ^{Day}	Age <u>78</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Ind</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Hilda Gibbons</u>			
Father's Name <u>Michael Martin</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Adeline Abbott</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Rachel Hill</u>			How related to deceased <u>None</u>		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<u>Chronic Nephritis</u>	How long <u>Several years</u>
Immediate	<u>Urinary</u>	How long <u>8</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>C. M. Linticum</u>
		Address <u>Rockville</u>
Accident or Suicide? <u>Ind</u>		<u>Ind</u>



Name
in
Full

CERTIFICATE OF DEATH

Jas Cochran Moore

TO BE ANSWERED BY
NEAREST FRIEND

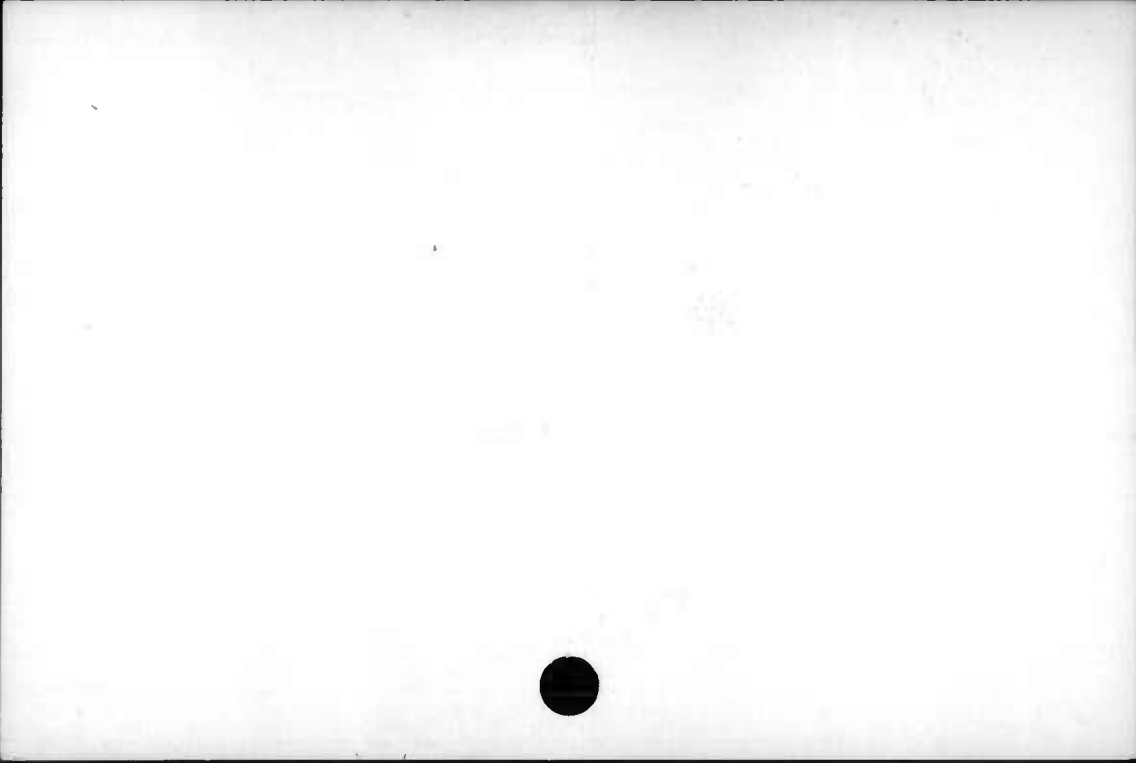
Died at <i>Silver Spring</i> ^{Town}		<i>Montg</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>Aug</i>	Day <i>1</i>	Age <i>28</i>	Months <i>4</i>	Days <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va.</i>		
Occupation <i>0</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Bartholomew Moore</i>			Father's Birthplace <i>La</i>		
Mother's Maiden Name <i>Julia Cressel</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>" "</i>			How related to deceased <i>Mother</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>3 days</i>
Immediate <i>collapse</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. J. Brown</i>
<i>Yes</i>	Address <i>Silver Spring Md.</i>
Accident or Suicide?	



Name
in
Full

Grace Catharine Nichols

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

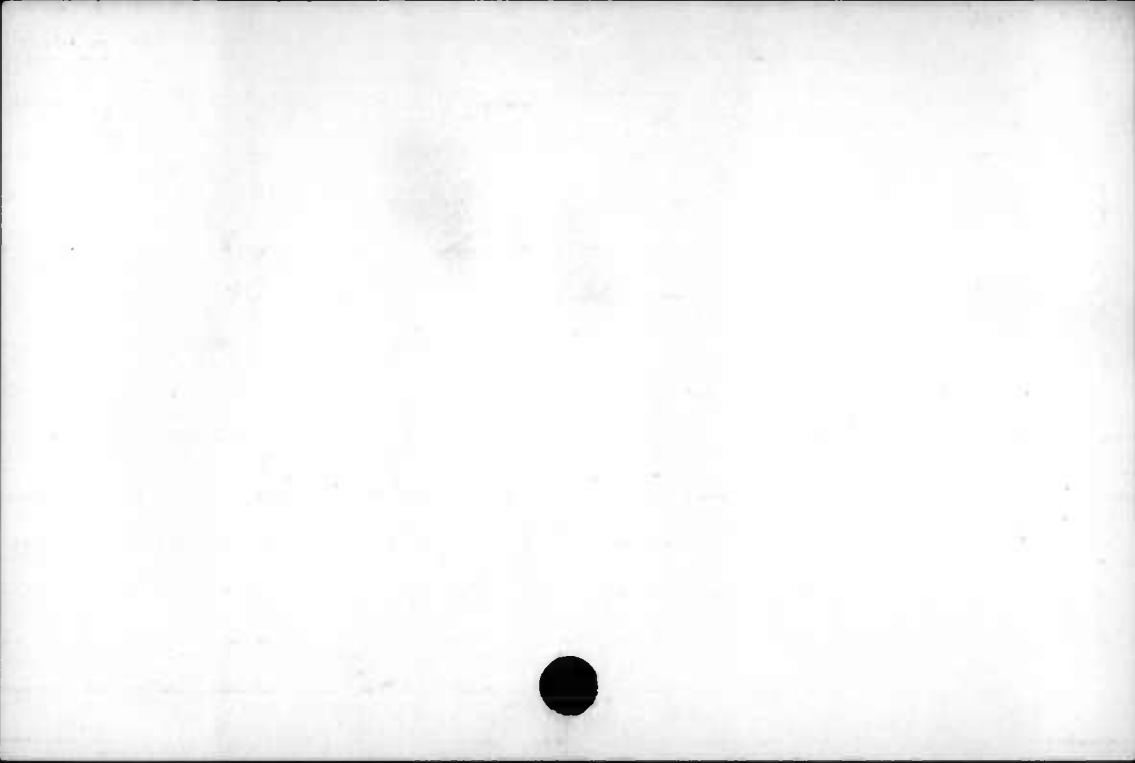
Died at <i>Sandy Spring</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>8</i>	Day <i>15</i>	Age <i>12</i> ^{Years}	Months <i>12</i>	Days <i>hours</i>
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Sandy Spring</i>	
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Oscar Nichols</i>		Father's Birthplace <i>Montgomery Co. Md</i>			
Mother's Maiden Name <i>Jennie Hathbridge</i>		Mother's Birthplace <i>Howard Co.</i>			
Name of person giving information <i>Oscar Nichols</i>		How related to deceased <i>father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>asthonia</i>	How long <i>12 hours</i>
Immediate <i>premature birth</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Roger Brooke</i>
	Address <i>Sandy Spring Md</i>
Accident or Suicide?	



Name
is
Full

Susie R. Offutt

CERTIFICATE OF DEATH

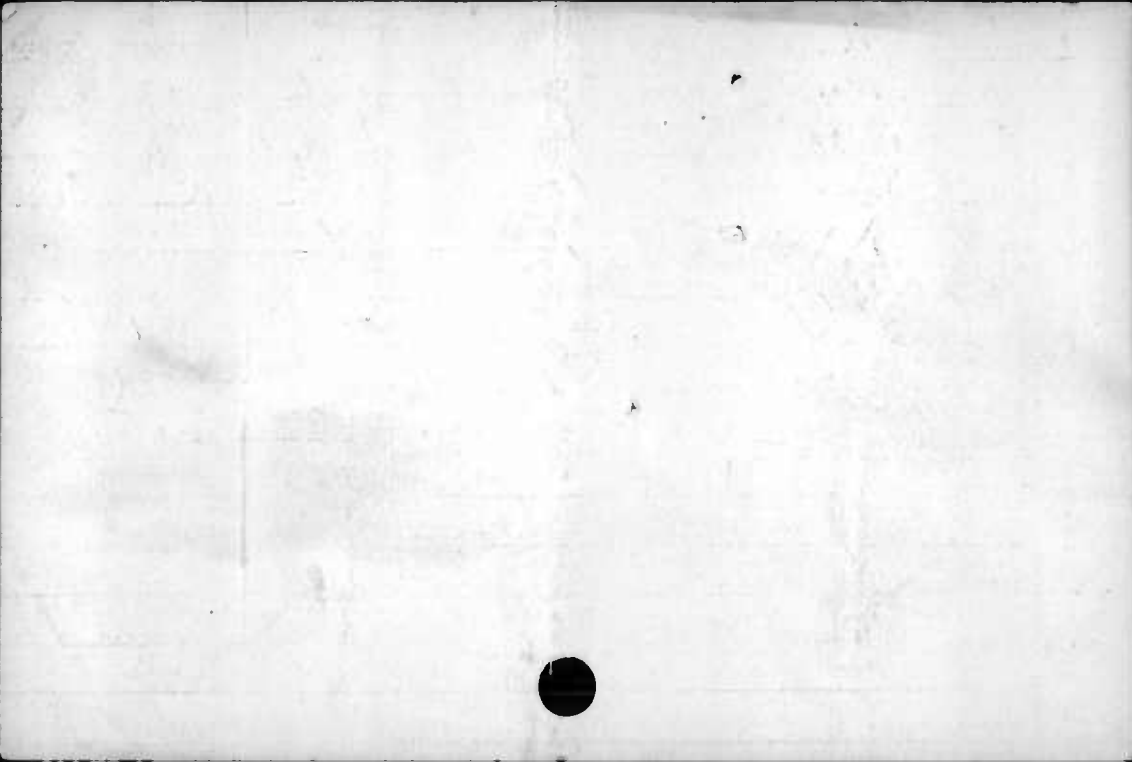
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Roadville</i>		Town <i>Roadville</i>		County <i>Monroe</i>		MARYLAND	
Date of death	1908	Month	8	Day	13	Age	36
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Months <i>11</i>	
Occupation <i>Music Teacher</i>		Where Residing if not at place of death		<i>X</i>		Days <i>13</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		<i>X</i>			
Father's Name <i>L. T. Offutt</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Annie M. Lumb</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Emma Lumb</i>		How related to deceased <i>Sister</i>					

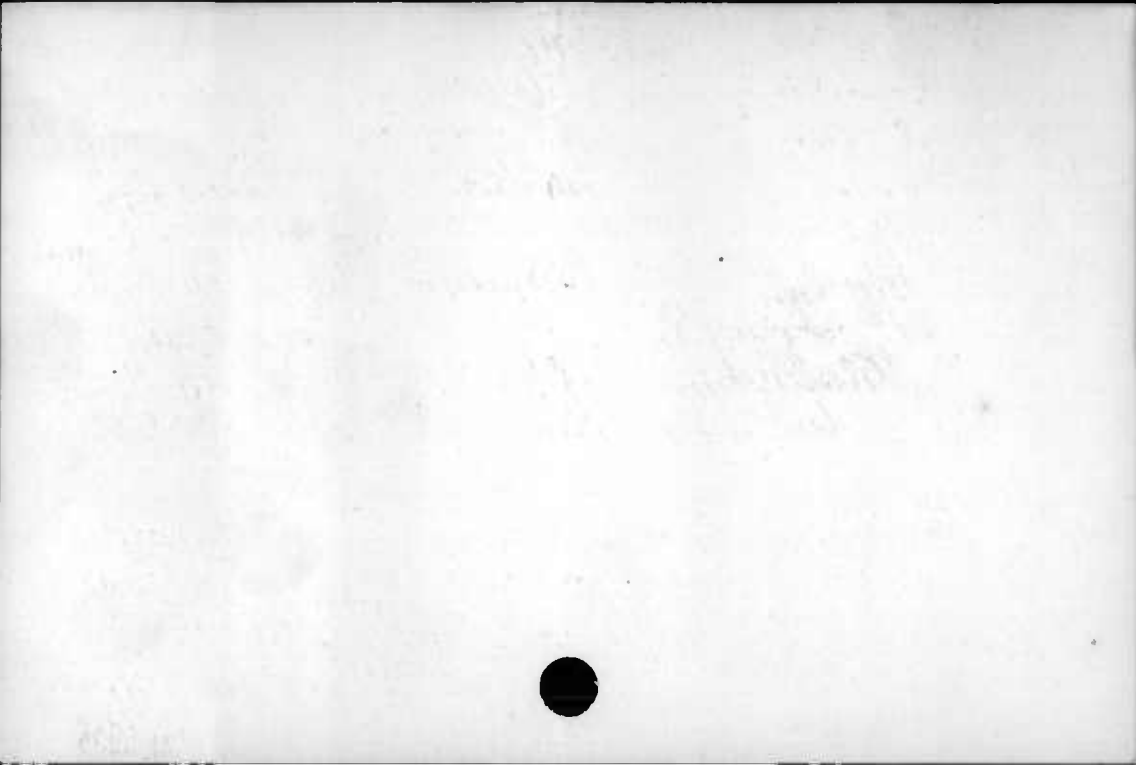
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>2 yrs</i>
Immediate	<i>Exhaustion</i>	How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>O. H. L. Thompson</i>	
Address		<i>Roadville Ind</i>	
Accident or Suicide?		<i>no.</i>	



Name in Full		MAY 1908				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Smiths Paen</i>		County <i>mmmy</i>		MARYLAND	
		Date of death 1908 <i>May</i>		Day <i>9</i>	Years <i>83</i>	Months <i>7</i>	Days
		Sex <i>Female</i>		Color or Race <i>white</i>	Birth-place <i>MD</i>		
		Occupation <i>none</i>		Where Residing if not at place of death <i>D.C.</i>			
		Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>Augustus E Perry</i>				
		Father's Name <i>Richard Ross</i>		Father's Birthplace <i>Ireland</i>			
		Mother's Maiden Name <i>Elizabeth McGee</i>		Mother's Birthplace <i>VA</i>			
Name of person giving information <i>Mrs Ida Young</i>		How related to deceased <i>daughter</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Chronic Nephritis</i>		How long <i>some yrs</i>			
		Immediate <i>Uremia</i>		How long <i>3 days</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. L. Davis</i>			
				Address <i>Thurs my the MD</i>			
		Accident or Suicide? <i>no</i>					



Name
in
Full

Clarence Rickett

CERTIFICATE OF DEATH

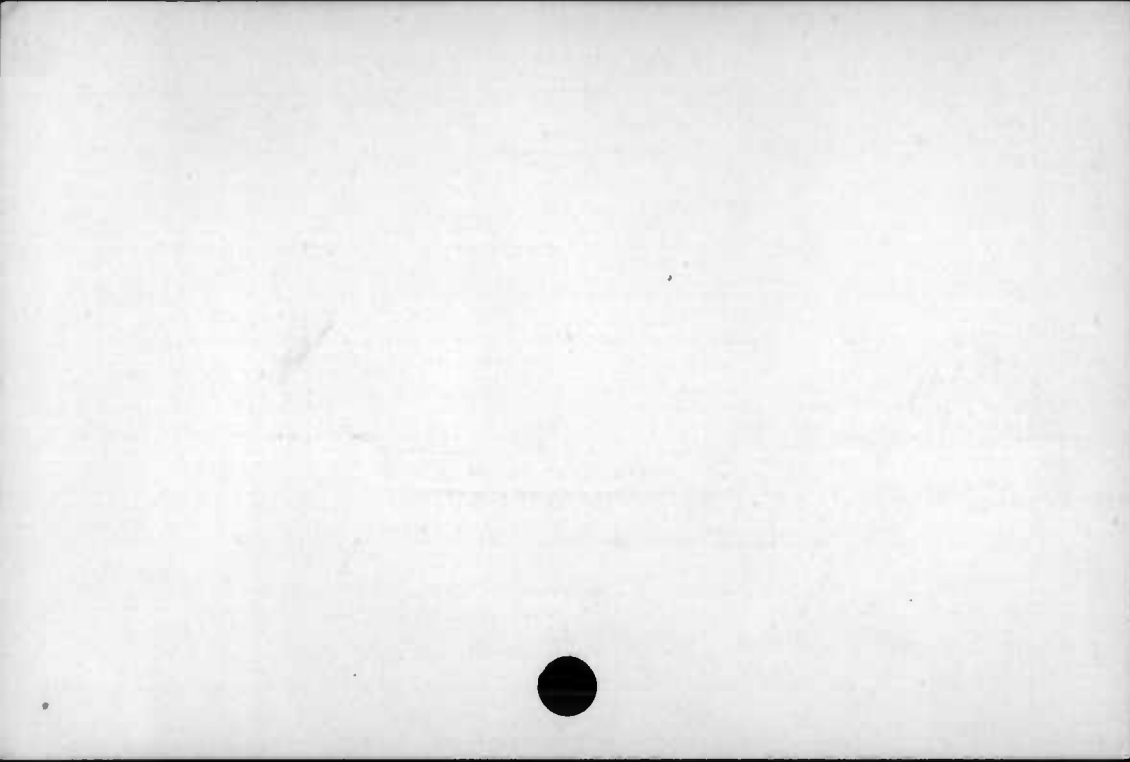
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Ricknill</i> ^{Town}		<i>Montgomery</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>Aug</i> ^{Month}	<i>17</i> ^{Day}	<i>Age</i> ^{Years}	<i>Months</i> ^{Months}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Typhoid Fever</i>	How long	<i>3 weeks.</i>
	Immediate	<i>Ashteria</i>	How long	<i>3 days.</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
	Accident or Suicide?		Address	

George E. Lewis, M.D.
Ricknill, Md.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

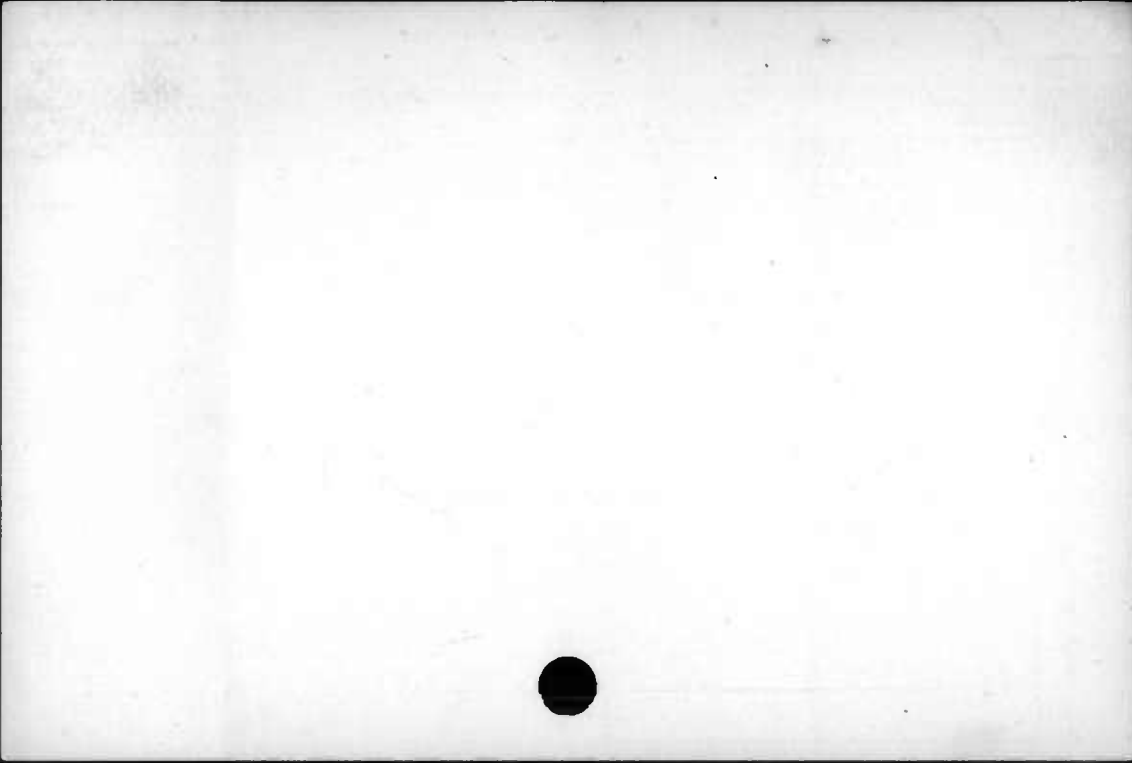
Died at <i>Montreal</i> ^{Town}		<i>Mont</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>15</i>
Age	<i>71</i>	Years	<i>2</i>	Months	<i>20</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>N.Y.</i>
Occupation	<i>Retired Merchant</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Sarah K Wolverton</i>		
Father's Name	<i>Geo H Roseberry</i>		Father's Birthplace	<i>Pa.</i>	
Mother's Maiden Name	<i>Mary Young</i>		Mother's Birthplace	<i>Pa.</i>	
Name of person giving information	<i>Albert Luke</i>		How related to deceased	<i>Son in law</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Organic disease of heart?</i>	How long	<i>15 years</i>
Immediate	<i>Cardiac Asthenia</i>	How long	<i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. H. Munnas M.D.</i>	
		Address	
Accident or Suicide?			



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

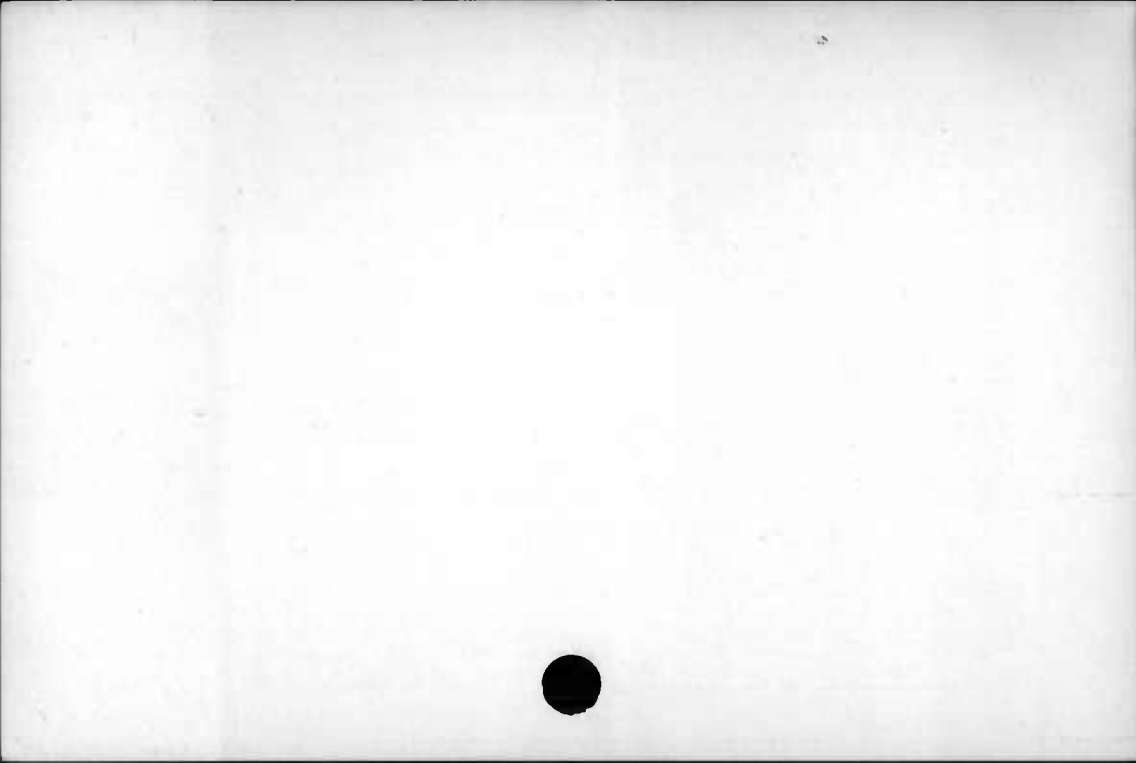
Died at <i>Green Park</i>		Town <i>Montgomery</i>		County		MARYLAND	
Date of death	1908	Month	Aug	Day	9	Years	1
Sex	Male	Color or Race	Colored	Birth-place	MD	Months	10
Occupation	None		Where Residing if not at place of death		Same		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Greenbury Smith				Father's Birthplace MD		
Mother's Maiden Name	Rachel Pratt				Mother's Birthplace MD		
Name of person giving information	Montgomery Smith				How related to deceased Father		

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping Cough	How long	3 weeks
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	W L Lewis
		Address	Kennedy St
Accident or Suicide?	no		



Name
in
Full

Anna Fredwell Stonestreet

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

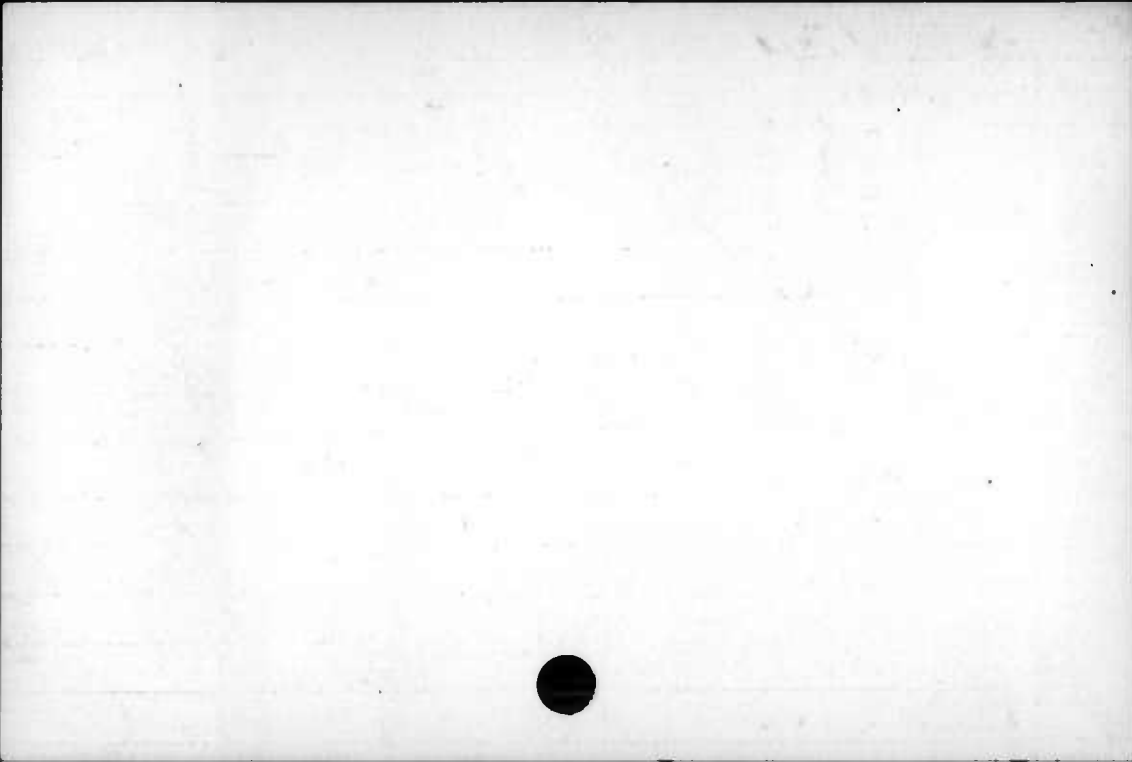
Died at <u>Horseshoe</u> ^{Town}		<u>Moulgany</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	<u>8</u> ^{Month}	<u>25</u> ^{Day}	Age <u>70</u> ^{Years}	<u>10</u> ^{Months}
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Batts. Md</u>
Occupation	<u>None</u>	Where Residing if not at place of death		<u>X</u>	
Married, Single or Widowed	<u>Widowed</u>	Name of Wife or Husband	<u>Thos. W. Stonestreet</u>		
Father's Name	<u>Olin W. Fredwell</u>			Father's Birthplace	<u>Conn.</u>
Mother's Maiden Name	<u>Anna Creamer</u>			Mother's Birthplace	<u>Md.</u>
Name of person giving information	<u>A. W. Stonestreet</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>1 day</u>
Immediate	<u>Heart Failure</u>	How long	<u>X</u>
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	
Signature of Physician		<u>O. M. Luthien</u>	
Address		<u>Roadview</u>	
Accident or Suicide?		<u>No.</u>	



Name
in
Full

John Z Inuxton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

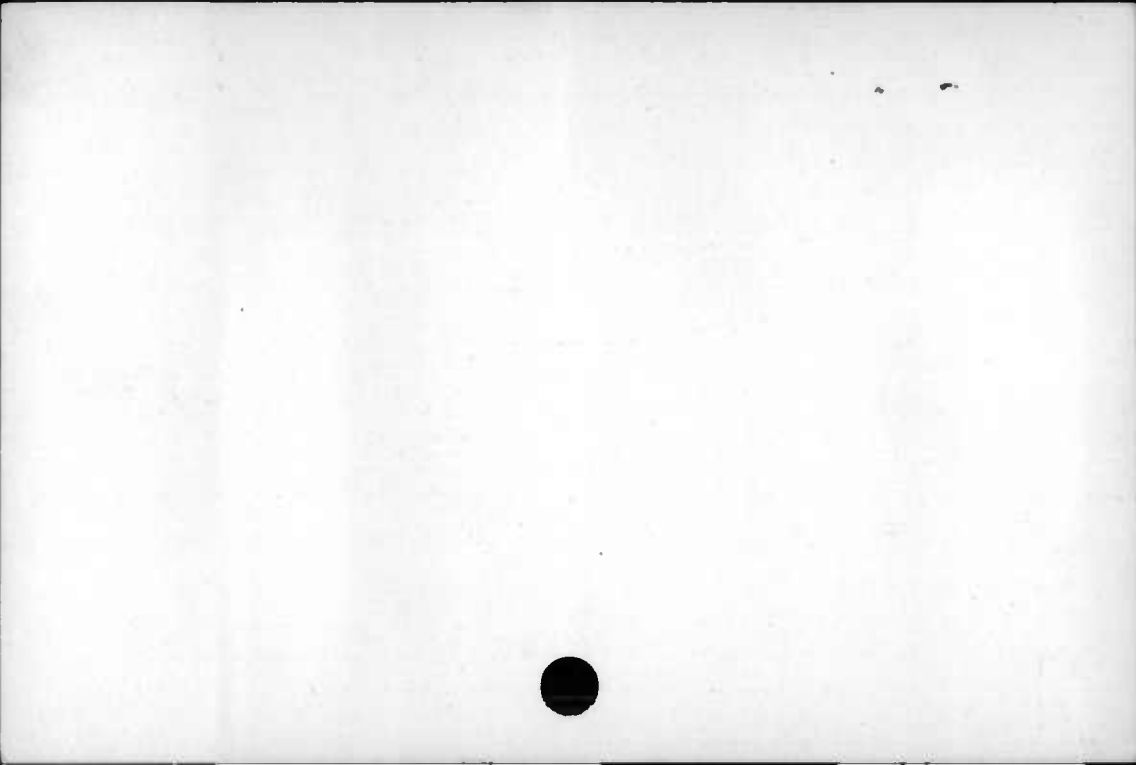
Died at <u>Wheaton</u> ^{Town}		<u>Montgomery</u> ^{County}		MARYLAND	
Date of death	190 <u>8</u> ^{Month} <u>Aug</u> ^{Day} <u>11</u>	Age	<u>72</u> ^{Years}	<u>—</u> ^{Months}	<u>13</u> ^{Days}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Montgomery</u>
Occupation	<u>Farmer</u>		Where Residing if not at place of death <u>Same</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Elizabeth Jane Inuxton</u>		
Father's Name	<u>Wm Inuxton</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Melinda Wilbur</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>Wm Inuxton</u>			How related to deceased	<u>Son</u>

CAUSES OF DEATH

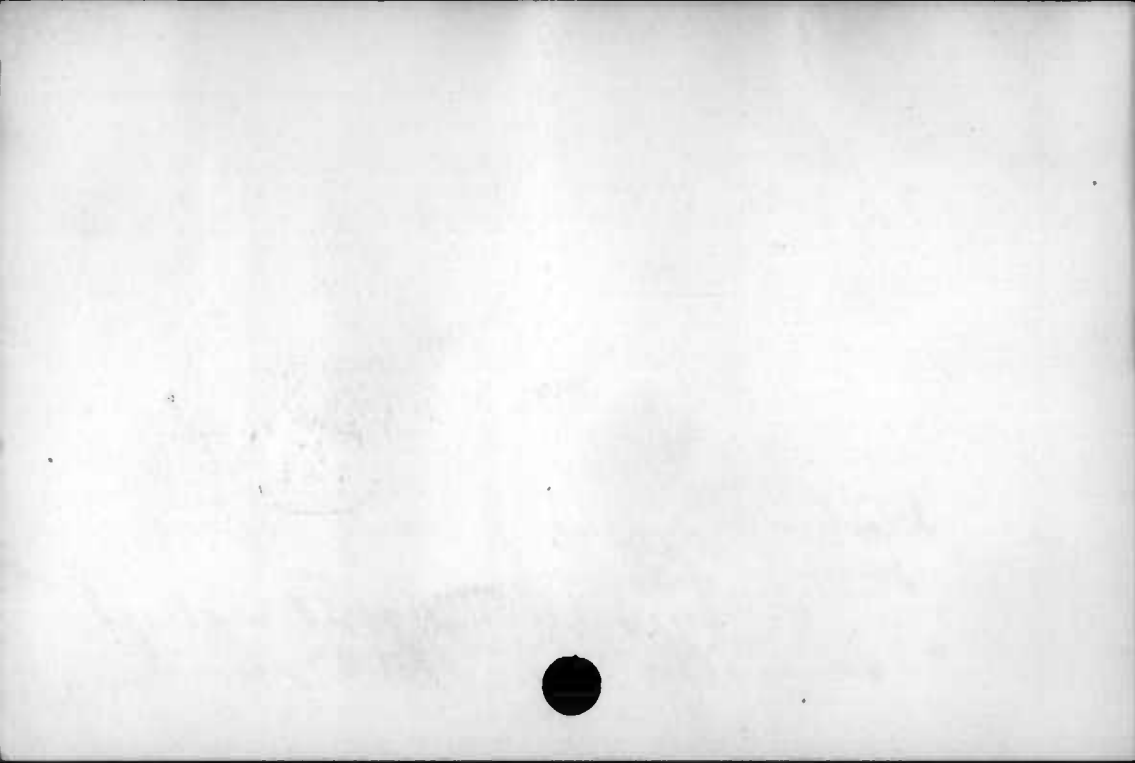
40

PHYSICIAN
OR CORONER

Primary	<u>Gastric Carcinoma</u>	How long	<u>6 Mths</u>
Immediate	<u>Exhaustion</u>	How long	<u>few hrs</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>W L Lewis</u>
<u>Yes</u>		Address	<u>Kensington Ind</u>
Accident or Suicide?			<u>No</u>



Name in Full		Town				County				CERTIFICATE OF DEATH			
Jas. Joseph Welsh		Edgewood Park				Montgomery				MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days				
1908		Aug		2				1	21				
Sex		Male		Color or Race		White		Birth-place		Md			
Occupation		None				Where Residing if not at place of death				Same			
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Nicholas J. Welsh				Father's Birthplace		Md					
Mother's Maiden Name		Daisy Muir				Mother's Birthplace		Va					
Name of person giving information		Mrs. N. J. Welsh				How related to deceased		Mother					
CAUSES OF DEATH												151	
Primary		Marasmus						How long		Several			
Immediate		Marasmus						How long		4 weeks			
Are the name, age, sex, color, date and place correctly given above?		Yes				Signature of Physician		Eugene Jones					
						Address		Kensington Md					
Accident or Suicide?													



Name
in
Full

M H Whalen.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Barnesville</u> Town		<u>Montgomery</u> County	
Date of death <u>1908</u>	Month <u>Aug</u>	Day <u>17</u>	Age <u>58</u> Years
Sex <u>male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>	
Occupation <u>Stone mason</u>	Where Residing if not at place of death <u>Barnesville Md</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Mathias Whalen</u>	Father's Birthplace <u>Md.</u>		
Mother's Maiden Name <u>Martina S. Whalen</u>	Mother's Birthplace		
Name of person giving information <u>S. H. Stenibitz</u>	How related to deceased <u>Cousin</u>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <u>Mitral Disease of Heart</u>	How long <u>Two years</u>
Immediate <u>Heart failure</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. H. Stonestreet</u>
<u>Barnesville</u>	Address <u>Maryland</u>
Accident or Suicide?	

